

STATE OF RHODE ISLAND

County of _____
Estate of _____
Alias _____
Alias _____

PROBATE COURT OF THE _____
No. _____
Date _____

PETITION FOR PROBATE OF WILL

Respectfully represents that:

Name of Deceased: _____ Personal estate estimated at: \$ _____
Name of Deceased

Resided in: _____ Died testate: _____
City/Town of Residence Date of death

Your petitioner:

Name Relationship to Deceased

No. Street

City/Town State Zip Phone Number

Respectfully requests that:

The accompanying instrument dated _____ may be admitted to probate as the last will and
Date Will and/or Codicil Was Signed
testament of the deceased and that: [] letters testamentary [] letters of administration c. t. a. may be issued to:
(check one)

Name of Nominee Relationship to Deceased Name of Co-Nominee (if any) Relationship to Deceased

No. Street No. Street

City/Town State Zip Phone Number City/Town State Zip Phone Number

Deceased left the following surviving spouse and heirs at law who would inherit had deceased died intestate:
(Indicate any minors or incompetents.)

NAME	ADDRESS	RELATIONSHIP
		(spouse)

Attach form PC—9.1, Waiver, if applicable.

The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Signature of petitioner
_____ Sc.

Date

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

The instrument herewith presented may be admitted to probate as the last will and testament of:

Name of Deceased

Upon the filing of a bond in the sum of: \$ _____ [] With surety _____
[] Without surety (if with surety, indicate type)

[] letters testamentary [] letters of administration c. t. a.
(check one)

may issue to:

_____ Name of Nominee				_____ Name of Co-Nominee (if any)			
_____ No.		_____ Street		_____ No.		_____ Street	
_____ City/Town	_____ State	_____ Zip	_____ Phone Number	_____ City/Town	_____ State	_____ Zip	_____ Phone Number

Appointed **APPRAISER(s)**: (if different from above)

_____ Name				_____ Name			
_____ No.		_____ Street		_____ No.		_____ Street	
_____ City/Town	_____ State	_____ Zip	_____ Phone Number	_____ City/Town	_____ State	_____ Zip	_____ Phone Number

Appointed **RESIDENT AGENT(s)**:

_____ Name				_____ Name			
_____ No.		_____ Street		_____ No.		_____ Street	
_____ City/Town	_____ State	_____ Zip	_____ Phone Number	_____ City/Town	_____ State	_____ Zip	_____ Phone Number

Entered as an order and decree of the court on:

Date

Probate Judge

Attorney of record:

Advertised Dates (or copy of ad)

Name

Bar Number

No.

Street

City/Town

State

Zip

Phone Number
